

Workforce Development Planning Group Process Results

April 3, 2012

NOTE: The Vision Statement for the Workforce Development Work Group Charter is being written by Andrea Parrish using the draft language below and will place it in the Charter to send out.

Vision Statements from Groups:

1. To develop a broad workforce that operationalizes systems of care values and principles as a foundation of integration, leadership, and partnership with youth and families, and communities that provides ongoing and progressive training and flexible support.
2. Systems of Care values and principles imbedded throughout the training policies and procedures and culture of our system. Delivered in a way that is linguistically and culturally appropriate.
3. An array of necessary family driven, youth guided and community based services and supports for an effective statewide system of care, implemented with fidelity, quality and cultural competence.
4. A fully functional system of care which involves and recognizes the assets and gifts of all systems and builds on those successes. It moves from silos to integrating and sustaining a system of care into daily practice with a common vision and mutual benefit.

Suggested Vision Statements:

- a. Create a fully integrated and sustainable statewide system of providing a comprehensive array of services and supports that fully operationalizes the values and principles of systems of care at all levels, through workforce development and training that is implemented with quality and fidelity.
- b. To develop a statewide workforce development plan to foster an array of services and supports for child and families grounded in systems of care core values: culturally and linguistically appropriate, community based, and family and youth guided.

Outcomes from Groups:

1. A comprehensive and consistent training process delivered statewide to all stakeholders, family and youth.
2. A clear, cross-system plan that specifies the roles, practices, skills, competencies and necessary organizational and workforce development supports to achieve an effective and sustainable state-wide system of care.
3. Well trained upper management and leadership in all child-serving systems and agencies that hire, coach, mentor, train, and supervise staff in shared systems of care values and principles.
4. An integrated training team with professional, parent and youth co-trainers.
5. Consumers are part of the training and workforce and families and professionals are equal partners.
6. Agreed on roles, competencies and outcomes.
7. Core sustainable skills which are defined and targeted consistently system-wide.
8. Clarity of purpose at all levels.
9. Grounded in EBPs and informed by research.
10. Having a quality assurance mechanism.
11. Having a consumer satisfaction mechanism.
12. Values and principles integrated into HR functions.

13. A workforce that has fully integrated systems of care values and principles so that all youth are screened, assessed and engaged in the appropriate level of services and have access to those services.
14. A sustainable process that trains family, youth and professionals to enable them to come together to improve and change service delivery.

Strengths from Group:

1. Common Understanding-ACE's
2. Good training resources/across system
 - Dedicated staff/time skilled trainer
3. History of SOC implementation and Wraparound
 - Local experts and statewide experts
4. Pockets of good collaboration/state and regional.
 - Mental Health and Education build on strengths
5. Extensive experience training and training experts
6. History of systemic interventions/process improvement-integrations
7. Buying in at all levels
8. Existing and strong participation of family and youth
 - Pockets of excellence
9. 12 of 13 RSW's have some aspects of Wraparound available
10. Crisis of opportunity-TR
11. Political will to move forward
12. Readiness to Learn/ 1993 model of collaboration/continuum

Prioritized Needs from the Group:

Vote	Need
3	We need a clear and consistent plan that provides for consistency across the state with accountability and transparency at all levels.
10	We need champions at all levels particularly with expertise at the local level.
12	Need for clarity of: Rules Responsibilities Competencies Skills Assessment needs Perf. Competencies
2	We need pathways to commonly valued credentials and Qualifications
0	We need Regional and Statewide structures. Youth and family orgs.
7	We need an environmental scan of....resources
6	Standardize a core curriculum of care
9	Funds to support training-statewide and local
8	Trainers, mentors, coaches, and consultants
2	We need more time to be thoughtful together

1	We need a clear vision that is held passionately and robustly by leadership. We need Leadership to be involved in the action.
8	We need all system components to operationalize social VP's. Congruent values across systems.
10	We need communication tools to avoid unintended consequences. Coordination of efforts.

Statewide FYSRT Group Process Results

April 3, 2012

Family Driven Care and Practice System Self Assessment Tool

1. Readiness

1.1 Uses the vocabulary of family-driven				
	Yes	No	Partly	Other/Blank
Self	11	0	0	0
Agency	5	5	1	0
System of Care	4	5	1	1
	20	10	2	1
1.2 Understands what family driven means				
	Yes	No	Partly	Other/Blank
Self	9	1	1	0
Agency	4	6	1	0
System of Care	0	6	3	2
	13	13	5	2
1.3 Believes in family driven care and practice				
	Yes	No	Partly	Other/Blank
Self	11	0	0	0
Agency	7	4	0	0
System of Care	4	3	3	1
	22	7	3	1
1.4 Applies the principles of family-driven care				
	Yes	No	Partly	Other/Blank
Self	5	0	6	0
Agency	3	1	7	0
System of Care	1	2	7	1
	9	3	20	1

Associated Comments:

- a. Individuals have a strong sense of family-driven - this changes drastically with the view of the system.

- b. Some are unaware of the entire system and found it difficult to answer
- c. 1.4 drops in the "Self" category
- d. It is easier to view oneself as "perfect in comparison to how one views the agency (others).
- e. How do we integrate family driven into the organizational/institutional structure

Individual Statements about Results and Ranking of Provider vs. Family Driven (1-10 scale):

1. I think the culture of agencies are created and supported by infrastructure that are very difficult to move/change and when individuals in agencies demonstrate change vocabulary they are marginalized. *3
2. We are quite challenged to bring consistency in the use of family driven care. *3
3. Individuals are learning about, beginning to understand and believe in family driven but are challenged with actually applying it. *4
4. Families give input that is valued but systems ultimately make decisions and write the rules. *6
5. This experience shows that we as a group accept and work for change. *3
6. Individually we are believers: Collectively, we struggle because other "priorities" get in the way. *4
7. Individuals have been exposed to and sometimes even behave in keeping with messages about the importance of family driven care; however, organizations are slow to incorporate new ideologies into rules and regulations and systems are even slower. *4
8. Anyone could understand and embrace the principles of SOC and Family Driven. However, fear of change and hesitation implementation is scarce. *3
9. The systems of care aren't very family driven which could be affecting the agencies and also could be affecting how families use it in their own life. *4
10. They thought of Family Driven is present within the community but the delivery is inconsistent. *5
11. Our school communities are still building awareness and understanding how to understand and apply the principles of family driven care. * 3